Medical Staff Rules Proposed Changes

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Submitted by:
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Legislative Committee Chair

For Endorsement by:
Health Authority Medical Advisory Committee (HAMAC) on January 12, 2023
Board of Directors on January 31, 2023

Section 1.1

Section 1.1 as currently written in MSR version 3.0.1P
1.1 RESPECTFUL WORKPLACE POLICY 1.1.1. VIHA and its Medical Staff are committed to ensuring that all individuals, whether patients, clients, residents, visitors or staff are: (i) Treated with dignity and respect, free from discrimination and harassment; and (ii) Supported in the respectful management of workplace conflict. 1.1.2. VIHA and its Medical Staff are committed to providing a workplace and service environment that respects and promotes human rights and personal dignity. To this end, Medical Staff are required to conduct themselves, and to be treated, in accordance with the VIHA Respectful Workplace Policy.
Proposed Changes to Section 1.1
1.1 DECLARATION OF COMMITMENT 1.1.1. Respectful Workplace Policy 1.1.1.1. VIHA and its Medical Staff are committed to ensuring that all individuals, whether patients, clients, residents, visitors or staff are: (i) Treated with dignity and respect, free from discrimination and harassment; and (ii) Supported in the respectful management of workplace conflict. 1.1.1.2 VIHA and its Medical Staff are committed to providing a workplace and service environment that respects and promotes human rights and personal dignity. To this end, Medical Staff are required to conduct themselves, and to be treated, in accordance with the VIHA Respectful Workplace Policy. 1.1.2. Cultural Safety 1.1.2.1. Island Health and its Medical Staff are committed to advancing Cultural Humility and Cultural Safety within health services, and are dedicated to ensuring that (i) A guiding principle of cultural humility is used to build mutual trust and respect with First Nations and Indigenous patients, clients, visitors, and staff. (ii) Cultural Safety is understood to be embraced and practiced within all levels of the health system; including governance and individual professional practice.

What has been moved?	
Move	Rationale
Respectful workplace Policy (previously 1.1) has now been moved to subsection 1.1.1. Corresponding numbers under the section have also changed from 1.1.1./1.1.2. to 1.1.1.1./1.1.1.2. respectively.	Formatting

What has been changed?	
Change	Rationale
1.1 subsection title has changed from Respectful Workplace Policy to Declaration of Commitment	Change of title to reflect inclusion of items other than Respectful Workplace Policy

What has been added?	
Addition	Rationale
1.1.2. Cultural Safety 1.1.2.1. Island Health and its Medical Staff are committed to advancing Cultural Humility and Cultural Safety within health services, and are dedicated to ensuring that	Addition of commitment to cultural safety to the medical staff rules

(i) A guiding principle of Cultural Humility is used to build mutual trust and respect with First Nations and Indigenous patients, clients, visitors, and staff. (ii) Cultural Safety is understood to be embraced and practiced within all levels of the health system; including governance and individual professional practice.	

Section 1.4.3.1

Section 1.4.3.1 as currently written in MSR version 3.0.1P
1.4.3.1 Only Practitioners with admitting or consulting Privileges may sign or authenticate orders for medical treatment in Facilities operated by VIHA.
Proposed Changes to Section 1.4.3.1
1.4.3.1 Only Practitioners with admitting or consulting Privileges may sign or authenticate orders for medical treatment in Facilities operated by Island Health. The exception is Medical Orders for Scope of Treatment (MOST), in which physicians or nurse practitioner community primary care providers may enter a MOST designation either electronically or on paper.

What has been added?

Addition	Rationale
The exception is Medical Orders for Scope of Treatment, in which physicians or nurse practitioner community primary care providers may enter a MOST designation either electronically or on paper.	Changes to the medical staff rules to allow community physicians and nurse practitioners to directly enter MOST orders into a patient records within an Island Health facility

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Sections 2.5.9.6-48 were changes endorsed by HAMAC at the 2021 and 2022 Annual Organizational Meeting and submitted to the Legislative Committee to be implemented in the Medical Staff Rules.

Section 2.5.9.6

Section 2.5.9.6 as currently written in MSR version 3.0.1P
2.5.9.6 Voting Members: i. Chair of the HAMAC ii. Vice-Chair of the HAMAC iii. Vice President Medicine, Quality and Academic Affairs iv. Each VIHA Department Head or delegate v. One (1) LMAC Chair from each of the four geographies vi. One (1) MSA Representative from each of the four geographies vii. One (1) MSA member at large, as nominated by the MSA Presidents viii. Chief Medical Health Officer ix. Chief Medical Information Officer

Proposed Changes to Section 2.5.9.6
2.5.9.6 Voting Members: i. Chair of the HAMAC ii. Vice-Chair of the HAMAC iii. Chief Medical Executive (CME)/Vice President – Medicine, Quality and Academic Affairs iv. Each Island Health Department Head or delegate v. Each LMAC Chair representing site(s) with Acute Care beds. vi. One (1) MSA representative from each of the four geographies vii. One (1) MSA member at large, as nominated by the MSA Presidents viii. Chief Medical Health Officer ix. Chief Medical Information Officer

Section 2.5.9.7

Section 2.5.9.7 as currently written in MSR version 3.0.1P
2.5.9.7 Non-Voting Members: i. President and CEO ii. All Executive Medical Directors of Island Health iii. HAMAC standing subcommittee Chairs iv. General Legal Counsel and Chief Risk Officer v. Executive Vice-President, Quality, Safety & Experience vi. Other members of the senior administrative of Medical Staff of VIHA as appropriate and as agreed by the HAMAC Chair and CMO. vii. Patient Partner(s)
Proposed Changes to Section 2.5.9.7
2.5.9.7 Non-Voting Members: i. President and CEO ii. All Executive Medical Directors of Island Health iii. HAMAC standing subcommittee Chairs iv. Other members of the senior administrative or Medical Staff of Island Health as appropriate and as agreed between the HAMAC Chair and CME v. Patient Partner(s) 2.5.9.8 Standing Guests/HAMAC Support: i. Any Chairs of LMACs representing sites with no acute beds ii. Director, Office of the VP of Medicine, Quality iii. Director, Medical Staff Governance iv. Coordinator(s), Medical Staff Governance

Section 2.5.9.11

Section 2.5.9.11 as currently written in MSR version 3.0.1P
2.5.9.11 The executive committee will be comprised of: i. Chair of the HAMAC ii. Vice-Chair of the HAMAC iii. Chief Medical Officer iv. One (1) MSA representative who is a voting member on the HAMAC v. Two (2) Department Heads
Proposed Changes to Section 2.5.9.11
2.5.9.12 The executive committee will be comprised of:

i. Chair of the HAMAC
ii. Vice-Chair of the HAMAC
iii. Chief Medical Executive (CME)/Vice President – Medicine, Quality and Academic Affairs
iv. One (1) MSA representative who is a voting member of the HAMAC
v. Two (2) Department Heads
vi. Other members as appropriate and appointed by the HAMAC Chair in consultation from the CME and with input from the HAMAC

Section 2.5.9.30

Section 2.5.9.30 as currently written in MSR version 3.0.1P
2.5.9.30 Voting members will be as follows i. Chair ii. An Operational Executive Medical Director iii. Medical Director, Credentialing, Privileging & Medical Staff Recruitment and Retention iv. Each Department Head or Delegate
Proposed Changes to Section 2.5.9.30
2.5.9.28 Voting members i. Chair ii. Executive Medical Director; Clinical Operations iii. Medical Director; Medical Staff Credentialing, Privileging, and Governance iv. Medical Director; Medical Staff Human Resources & Recruitment v. Department Heads (or Delegate) vi. Four (4) Chiefs of Staff

Section 2.5.9.31

Section 2.5.9.31 as currently written in MSR version 3.0.1P
2.5.9.31 Non-Voting Members i. An operational Executive Director ii. Director, Medical Staff Support iii. Manager, Credentialing & Privileging iv. Manager, Medical Staff Recruitment & Retention v. Two (2) Members at Large
Proposed Changes to Section 2.5.9.31
2.5.9.29 Non-Voting Members i. Executive Director; Clinical Operations ii. Executive Medical Director; Medical Staff Governance iii. Director; Medical Staff Support and Resources iv. Medical Director; Enhanced Medical Staff Support v. Manager; Credentialing and Privileging vi. Manager; Medical Staff Human Resource Planning and Governance vii. Manager; Medical Staff Recruitment viii. Two Members-at-Large ix. One (1) Representative from each Recruitment and Credentialing & Privileging x. Patient Partner xi. One (1) HAMSA representative, as nominated by the HAMSA and/or MSA President xii. Other Chiefs of Staff

Section 2.5.9.34

Section 2.5.9.34 as currently written in MSR version 3.0.1P
2.5.9.34 Purpose and Responsibilities i. The Legislative Committee (LC) makes recommendations to the HAMAC on the development, implementation, monitoring and revision of the VIHA Medical Staff Bylaws, Rules and Policies. ii. Changes to the Bylaws must be approved in writing by the CEO, Board Chair and Minister of Health. Changes to the Rules must be approved in writing by the Board. iii. The Rules should undergo regular review and renewal to reflect changes in the clinical-practice environment. iv. Review the effects of legislation on the quality of medical care and/or the performance of Medical Staff as requested by HAMAC.
Proposed Changes to Section 2.5.9.34
2.5.9.32 Purpose and Responsibilities i. The Legislative Committee (LC) makes recommendations to the HAMAC on the development, implementation, monitoring, and revision of the Island Health Medical Staff Rules and Policies. Changes to the Rules must be approved in writing by the Board. ii. Changes to the Bylaws must be approved in writing by the CEO, Board Chair and Minister of Health. Changes to the Rules must be approved in writing by the Board. iii. The Rules should undergo regular review and renewal to reflect changes in the clinical-practice environment. iv. Review the effects of legislation on the quality of medical care and/or the performance of Medical Staff as requested by HAMAC. v. To embed the organizational culture within the Rules, including commitments to Diversity, Equity, Inclusion and Cultural Safety.

Section 2.5.9.35

Section 2.5.9.34-35 as currently written in MSR version 3.0.1P
2.5.9.35 Voting Members i. Chair of the Legislative Committee ii. A minimum of five (5) voting members of the HAMAC iii. The Vice President Medicine, Quality and Academic Affairs (or delegate) iv. Other members of the Medical and/or hospital staff as the Committee deems appropriate v. At least one (1) representative from the MSA
Proposed Changes to Section 2.5.9.35
2.5.9.33 Voting Members i. Chair of the Legislative Committee ii. A minimum of five (5) voting members of the HAMAC iii. The Vice President Medicine, Quality and Academic Affairs (or delegate) iv. At least one (1) MSA representative from each Geo v. Indigenous Health Representative vi. Other members of the Medical and/or hospital staff as the Committee deems appropriate

Section 2.5.9.38

Section 2.5.9.38 as currently written in MSR version 3.0.1P
2.5.9.38 Medical Education Committee (MEC)
Proposed Changes to Section 2.5.9.38
2.5.9.36 Medical Education Resource Committee (MERC)

Section 2.5.9.39

Section 2.5.9.39 as currently written in MSR version 3.0.1P
2.5.9.39 Purpose and Responsibilities i. The MEC supports the HAMAC by addressing policy and procedures related to clinical-trainee education and Medical Staff continuing professional development as outlined in Article 9.3.6 of the Bylaws.
Proposed Changes to Section 2.5.9.39
2.5.9.37 Purpose i. The MERC supports the HAMAC by addressing policy and procedures related to Medical Staff continuing professional development and serves as a connection for medical academic institutions.

Section 2.5.9.40

Section 2.5.9.40 as currently written in MSR version 3.0.1P
2.5.9.40 Specifically, the MEC is responsible for making recommendations and reporting to the HAMAC on: i. Educational opportunities for Medical Staff, Clinical Fellows, Residents, and Students working in VIHA; ii. Logistical matters relating to Clinical Fellows, Clinical Trainees, Residents and Students, such as the provision of on-call facilities, health protection services, and code of conduct; iii. Assisting Divisions, Departments and programs in the planning and coordination of educational activities; iv. Advising the HAMAC of rounds, clinical conferences, lectures and symposia being given by each Department; v. Assisting Divisions, Departments and Programs in setting policies for continued professional development; and vi. Providing representation on the VIHA Library Committee
Proposed Changes to Section 2.5.9.40
2.5.9.38 Responsibilities The MERC is a standing committee of HAMAC. The MERC serves in an advisory role to the HAMAC and is responsible for making recommendations and reporting to the HAMAC on: i. Identification and prioritization of learning needs, particularly regional specific learning opportunities for clinicians, including rural community needs, Indigenous Health and cultural learning. ii. Assist Departments, Divisions and Medical Staff Associations (MSAs) in the planning, promotion, and coordination of continuing educational activities and informal learning opportunities, including Department-level tracking and evaluation. iii. Support the translation of provider quality assurance challenges into educational opportunities through the endorsement of evidence based and best practice learning. iv. Endorse educational content on the Medical Staff website and Island Health Libraries,

including the promotion of course offerings through the Learning Hub.

v. Support and promote access to interdisciplinary educational opportunities, and learning opportunities through provincial initiatives such as medical staff practice enhancement.
vi. Liaising with UBC, other academic institutions and the Centre of Interprofessional Clinical Simulation Learning to ensure coordinated and focused learning opportunities for Medical Staff.
vii. Support of the Medical Staff onboarding process and implementation, including solicitation of feedback from Departments, Divisions and MSAs to evaluate and update process and endorsement of educational content.
viii. Support applications of learning through an equity diversity and inclusion lens.

Section 2.5.9.41

Section 2.5.9.41 as currently written in MSR version 3.0.1P
2.5.9.41 Voting Members i. MEC Chair ii. A representative from each Department responsible for learners; iii. A representative from the Division of Public Health and Preventative Medicine iv. The Medical Director of Aboriginal Health (or Delegate); and v. A representative appointed by the HAMSA
Proposed Changes to Section 2.5.9.41
2.5.9.39 Voting Members i. MERC Chair ii. Department Heads (2) iii. Medical and Academic Affairs (MAA) (2) 1. EMD - Medical Staff Governance 2. Manager - Medical Staff Education and Development iv. HAMQC (2) 1. Director - Medical Staff Quality and Clinical Improvement 2. Medical Director - Quality, Safety & Ethics v. MPCC: Chair or Delegate vi. Island Medical Program: Director, Physician Education vii. Members at Large (2) – Appointed by Department Heads viii. Indigenous Health Representative ix. Rural CME Liaison x. Rural Medicine Physician Representative xi. Executive Director – Medication Systems and Medical Informatics xii. Patient Partner

Section 2.5.9.42

Section 2.5.9.42 as currently written in MSR version 3.0.1P
2.5.9.42 Non-Voting Members i. Three learner representatives; ii. A representative from rural and remote sites; iii. The Regional Associate Dean for the Island Medical Program; iv. Consultants and advisors as the Committee deems appropriate; and v. Up to four (4) members at large

Proposed Changes to Section 2.5.9.42
2.5.9.40 Non-Voting Members i. Chair of HAMAC ii. Vice President, Medicine, Quality and Chief Medical Executive iii. Regional Dean, UBC Island Medical Program iv. Head, UVic Division of Medical Sciences v. Director, Professional Practice vi. Orientation and Onboarding Coordinator vii. Director, Centre for Interprofessional Clinical Simulation Learning

Section 2.5.9.44

Section 2.5.9.44 as currently written in MSR version 3.0.1P
2.5.9.44 [Currently relates to the HAMQC]
Proposed Changes to Section 2.5.9.44
2.5.9.42 The Chair of the MERC is appointed for a term of two (2) years, which can be renewed upon expiry. Membership is role-based with no term end date.

Section 2.5.9.45

Section 2.5.9.45 as currently written in MSR version 3.0.1P
2.5.9.45 Voting Members: i. The Chair of the HAMQC ii. Three (3) Department Heads or delegate iii. Four (4) Chiefs of Staff/Site Medical Director of delegate (one from each geography) iv. Medical Director, Residential Care, or delegate v. Four (4) representatives from the MSA (one from each geography) vi. The Medical Director for Aboriginal Health in VIHA or delegate
Proposed Changes to Section 2.5.9.45
2.5.9.45 Voting Members: i. Co-Chair – Executive Medical Director; Quality, Safety & Improvement ii. Co-Chair – Executive Medical Director; Medical Staff Governance iii. Medical Director; Clinical Improvement & Medical Staff Development iv. Up to four (4) Department Heads (or Delegates) v. Four (4) Chiefs of Staff/Site Medical Director or delegate (one from each geography) vi. Four (4) representatives from the MSA (one from each geography) vii. Medical Director, Long Term Care (or Delegate) viii. Medical Director, Indigenous Health (or Delegate) ix. Medical Director, Quality Operations Council (QOC) x. HAMAC Chair xi. Chief Medical Information Officer (CMIO) (or Delegate) xii. Director, Medical Quality, Analytics & Improvement ii. Formal Patient Representative i. Up to four (4) Medical Staff Members at Large ii. Medication System and Therapeutics Quality Council/Pharmacy Representative iii. Infection Management Advisory Committee Representative

Section 2.5.9.46

Section 2.5.9.46 as currently written in MSR version 3.0.1P
2.5.9.46 Non-Voting Members i. Chief Medical Executive (CME)/Vice President – Medicine, Quality and Academic Affairs; ii. A representative from the Combined Quality Oversight Council (CQOC); iii. A representative from the Quality Operations Council (QOC); iv. The Chief Medical Information Officer or delegate; v. An Island Health Medical Staff learner; vi. An approved patient representative; and vii. Up to four (4) members at large
Proposed Changes to Section 2.5.9.46
2.5.9.46 Non-Voting Members i. Executive Director; Quality, Safety & Improvement ii. Two (2) Data Analytics/Decision Support iii. Medical Staff Governance Representative iv. Medical Staff Governance Coordinator v. Consultants and advisors as deemed appropriate by the HAMAC

Section 2.5.9.48

Section 2.5.9.48 as currently written in MSR version 3.0.1P
2.5.9.48 Currently relates to Ad Hoc Committees
Proposed Changes to Section 2.5.9.48
2.5.9.48 Chair of the HAMQC i. Chair Appointment is aligned with the roles of Executive Medical Director – Medical Staff Governance and Executive Medical Director - Quality, Safety & Improvement ii. Should the Co-Chairs be unavailable, the responsibility of Chair will be delegated to the Director – Medial Staff Quality, Analytics & Improvement and Medical Director - Clinical Improvement & Medical Staff Development

Proposed Changes to the Teaching and Education content of the MSR (section 1.5.13 and 2.6)

Section 2.6 as currently written in MSR version 3.0.1P
2.6 TEACHING EDUCATION AND RESEARCH Medical Students and Residents are not members of the Medical Staff as defined in the Bylaws. VIHA has entered into an affiliation agreement with the University of British Columbia that defines the processes for the placement of and responsibilities for training of UBC health discipline students and Residents within its Facilities and Programs. Learner categories, undergraduate and postgraduate are defined by the College of Physicians and Surgeons of BC (CPSBC), the College of Midwives of BC (CMBC) and the BC College of Nursing Professionals (BCCNP). 2.6.1 Undergraduate Learners 2.6.1.1 Undergraduate learners include Medical Students and midwifery students. 2.6.1.2 In preparation for training at VIHA students are required to complete specific onboarding requirements as mandated by both UBC and Island Health. 2.6.2 Medical and Nurse Practitioner Students

2.6.2.1 Must have an educational license from the College of Physicians and Surgeons of BC (CPSBC) or registration with the BC College of Nursing Professionals (BCCNP) in order to train in VIHA Facilities and Programs.
2.6.2.2 May participate in the care of patients under the direct supervision of a Medical Staff member, or under the supervision of a Fellow or Resident who is under direct supervision of the Medical Staff member.
2.6.2.3 May perform Procedures under supervision of a Practitioner after adequate training and in compliance with the regulations of their educational institution.
2.6.2.4 Must advise patients of their trainee status.
2.6.2.5 Must ensure that orders are discussed in advance with the supervising Practitioner, Fellow or resident. It is the responsibility of the supervising Practitioner, Fellow or Resident to countersign the orders.
2.6.2.6 May not discharge, on their own, a patient from a ward in the hospital, from the Emergency Department, or the Outpatient Department. Patients can only be discharged once approval has been given by an attending Practitioner, Fellow or Resident. 2.6.2.7 May not sign birth and death certificates, mental health certificates or other medico-legal documents.
2.6.2.8 May not sign prescriptions.
2.6.2.9 May not dictate final versions of discharge summaries or consultation letters.
2.6.2.10 Are expected to be on call, but must be directly supervised at all times.
2.6.3 Midwifery students (UBC: Midwifery Policies and Procedures)
2.6.3.1 May participate in the care of patients under the direct supervision of a Midwife member of the Medical Staff.
2.6.3.2 Will complete clinical placements during years two, three and four under the supervision of a Midwife.
2.6.3.3 Will attend antenatal or postnatal encounters. These include clinic, home and hospital in addition to intra-partum and perioperative care.
2.6.3.4 May be responsible for chart entries during clinic or during a labour, birth or postpartum encounter. The supervisor is responsible to ensure the appropriate registered Midwife signs off their notes.
2.6.3.5 Are expected to be on call.
2.6.3.6 May attend Division meetings, practice meetings, educational forums, peer-review sessions, phone consultations with clients and consultants, and prenatal classes.
2.6.4 Postgraduate Learners (CPSBC: Postgraduate)
2.6.4.1 Residents must have an educational license from the College of Physicians and Surgeons of BC in order to train in VIHA Facilities and Programs. Fellows and Clinical Trainees must have either an educational license or other valid license to practice from the College of Physicians and Surgeons of BC in order to train in VIHA Facilities and Programs.
2.6.5 Residents (UBC Resident Policies and Procedures)
2.6.5.1 May participate in care of patients under the direct supervision of a member of the Medical Staff, or under the supervision of a more senior Resident who is under direct supervision of the Medical Staff member.
2.6.5.2 May carry out such duties as assigned by the supervising Medical Staff member.
2.6.5.3 Must advise patients of their trainee status.
2.6.5.4 Will notify their supervisor of their patient assessments and actions taken to provide care. Notification requires direct contact and should be documented in the patient record.
2.6.5.5 May not sign birth or death certificates and may not request autopsies.
2.6.5.6 May not admit patients to a Facility or Program except under the direction of a member of the Medical Staff.

2.6.5.7 Are expected to participate in dictation requirements. All dictated notes must contain the supervising or MRP Practitioner's name.
2.6.5.8 May be allowed to prescribe any medications, including narcotics under supervision. The name of the supervising Practitioner is to be printed on the prescription.
2.6.5.9 Are expected to be on call.
2.6.5.10 Are expected to attend Departmental clinical conferences and rounds regularly.
2.6.6 Fellows
2.6.6.1 A Fellow is a post-graduate MD pursuing further clinical or research training in a specialty or sub-specialty. Fellows have successfully met all the requirements for specialist licensure in their home country.
2.6.6.2 A Fellow may participate in VIHA facilities under the following circumstances:
(i) They are approved by the appropriate Department or Division Head; and
(ii) They are recommended by the HAMAC and approved by the Board of Directors.
2.6.6.3 Once approved, Fellows:
(i) May attend patients under the supervision of a member of the Medical Staff of the Department responsible for their supervision;
(ii) May carry out such duties as are assigned to them by the Department Head or delegate to whom they have been assigned;
(iii) May not admit patients under their name; and
(iv) May not vote at Medical Staff or Department meetings.
2.6.7 Medical Staff Preceptors and Supervisors:
2.6.7.1 The UBC affiliation agreement stipulates that the Faculty of Medicine will provide suitable appointments to the University for those Medical-Staff members who are involved in teaching programs of the University, subject to the University's policies and procedures.
2.6.7.2 To be involved in the teaching of UBC Medical Students and Residents, Practitioners will apply for and maintain an appointment with the UBC Faculty of Medicine.
2.6.7.3 All Medical-Staff members are expected to participate in teaching as a condition of their appointment.
2.6.7.4 Medical-Staff members are not responsible for onboarding or verifying that learners have met all the onboarding requirements as mandated by UBC and VIHA.
2.6.7.5 Practitioners involved in teaching activities are responsible for ensuring that all learners are engaging in activities appropriate to their level of training. Learners are not to be placed in situations that may compromise safety.
2.6.7.6 Medical-Staff members must advise patients or their designates when residents or students may be involved in their care and obtain consent for such participation.
2.6.7.7 Supervisors and preceptors must be available by phone or pager, when not available in person, to respond in a timely manner and be available to attend to the patient in an emergency. When not immediately available, they must ensure that an appropriate alternate Medical-Staff member is available and has agreed to provide supervision.
2.6.7.8 Supervisors and preceptors will assess, review and document Trainee competence in accordance with UBC policies.
2.6.7.9 Supervisors and Preceptors will comply with relevant policies of the affiliated Universities as well as Island Health when involved with students and trainees.

Proposed Changes to Section 2.6

2.6 TEACHING EDUCATION AND RESEARCH

Island Health Medical Staff value the partnership with Post-Secondary institutions and are committed to providing quality practice education opportunities for students, clinical trainees and clinical fellows. Medical Staff are expected to support learners either formally or

informally by engaging in opportunities to teach, preceptor and by always leading by example.

2.6.1. Residents and Students

2.6.1.1. Residents (UBC Resident Policies and Procedures)

(i) Residents are not members of the Medical Staff as defined in the Bylaws.
(ii) Residents must have an educational license from the College of Physicians and Surgeons of BC (CPSBC) in order to train in Island Health Facilities and Programs.
(iii) May participate in care of patients under the direct supervision of a member of the Medical Staff, or under the supervision of a more senior Resident who is under direct supervision of the Medical Staff member.
(iv) May carry out such duties as assigned by the supervising Medical Staff member.
(v) Must advise patients of their trainee status.
(vi) Will notify their supervisor of their patient assessments and actions taken to provide care. Notification requires direct contact and should be documented in the patient record.
(vii) May not sign birth or death certificates and may not request autopsies.
(viii) May not admit patients to a Facility or Program except under the direction of a member of the Medical Staff.
(ix) Residents must be supervised at all times when on call.

2.6.1.2. Students

(i) Medical, Midwifery, Nurse Practitioner and Dental Students are not members of the Medical Staff as defined in the Bylaws.
(ii) All Medical, Midwifery, Dentistry and Nurse Practitioner Students working within a hospital, program or department must be registered through the applicable clinical Faculty at the University of British Columbia, be attending a WHO/FAIMER-recognized medical school, or be attending a school with which Island Health has an affiliation agreement.
(iii) Medical Students must have an educational license from the College of Physicians and Surgeons of BC (CPSBC) in order to train in Island Health Facilities and Programs.
(iv) In preparation for training at Island Health students are required to complete specific onboarding requirements as mandated by both UBC and Island Health.
(v) Although not members of the Medical Staff, students must abide by the policies and guidelines of Island Health and its Medical Staff.
(vi) May participate in the care of patients under the direct supervision of a Medical Staff member, or under the supervision of a Fellow or Resident who is under direct supervision of the Medical Staff member.
(vii) Orders written or electronically entered by students must have been discussed with the supervisor prior to being implemented and must be countersigned at the earliest opportunity, within 24 hours at the latest.
(viii) Students may perform procedures under supervision of a Practitioner after adequate training and in compliance with the regulations of their educational institution.
(ix) Students must advise patients of their trainee status.
(x) Students will not discharge patients without appropriate review by a qualified review by a qualified member of the medical staff
(xi) Students may not sign birth and death certificates, mental health certificates or

other medico-legal documents.
(xii) Students must be supervised at all times when on call.

2.6.1.3. Medical Staff Preceptors and Supervisors
(i) The UBC affiliation agreement stipulates that the Faculty of Medicine will provide suitable appointments to the University for those Medical-Staff members who are involved in teaching programs of the University, subject to the University's policies and procedures.
(ii) To be involved in the teaching of UBC Medical Students and Residents, Practitioners will apply for and maintain an appointment with the UBC Faculty of Medicine.
(iii) Medical Staff members are not responsible for onboarding or verifying that learners have met all the onboarding requirements as mandated by UBC or other affiliate universities and Island Health.
(iv) Medical Staff members involved in teaching activities are responsible for ensuring that all learners are engaging in activities appropriate to their level of training. Learners are not to be placed in situations that may compromise safety.
(v) Supervisors and preceptors must be available by phone or pager, when not available in person, to respond in a timely manner and be available to attend to the patient in an emergency. When not immediately available, they must ensure that an appropriate alternate Medical-Staff member is available and has agreed to provide supervision.
(vi) Supervisors and preceptors will assess, review and document Trainee competence in accordance with UBC policies.
(vii) Supervisors and Preceptors will comply with relevant policies of the affiliated Universities as well as Island Health when involved with students and trainees.

*Research section not reviewed by committee.

What has been moved?	
Move	Rationale
Section on Students from Section 1.5 (Medical Staff Membership and Privileges) was moved and incorporated into section 2.6 Teaching, Education and Research.	Students are not members of the medical staff, so it is not appropriate that they are in a section "1.5 Medical Staff Categories" Content was moved to the teaching section, duplicate content removed, similar content weighed to choose best for clarity and purpose.
What has been omitted	
Omission	Rationale
1.5.13.1 Medical, Midwifery, Dentistry and Nurse Practitioner Students on Required Rotations	title heading in section 1.5 not required when incorporated to section 2.6
1.5.13.1 (i) All electives that are part of UBC designated programs must be approved and registered through the applicable clinical Faculty at the University of British Columbia. Students applying outside of these UBC designated positions must make application as	(i-iii) Not in the purview of the medical staff rules. The medical staff rules are to inform the medical staff what their role is with regards to students. This section is the purview of the universities and the relationship between the universities and

outlined in the procedures of the appropriate regulatory body and be licensed by that body, or where educational license provisions do not exist, must comply with Island Health policies for the involvement of trainees in clinical work in that discipline. (ii) All electives that are part of UBC designated programs must be approved and registered through the applicable clinical Faculty at the University of British Columbia. Students applying outside of these UBC designated positions must make application as outlined in the procedures of the appropriate regulatory body and be licensed by that body, or where educational license provisions do not exist, must comply with Island Health policies for the involvement of trainees in clinical work in that discipline. (iii)Approval of an elective may also be subject to other considerations, such as the ability of the clinical environment to accommodate another trainee. (iv)Students will not sign certificates of death	Island Health. (iv)Duplicate language in 2.6.2.6 used instead. "May not sign birth and death certificates, mental health certificates or other medico-legal documents."
1.5.13.2 Medical, Midwifery, Dentistry and Nurse Practitioner Students on Elective Clinical Rotations (i)Medical, Midwifery, Dentistry and Nurse Practitioner Students, Residents and Clinical Fellows from the University of British Columbia (UBC) and from medical schools outside of British Columbia may be authorized by the CME to do elective clinical rotations at facilities and programs of Island Health. (ii)All electives must be approved and registered through the applicable clinical Faculty at the University of British Columbia and be licensed by the applicable College in British Columbia. The scope of practice and requirements for supervision will be the same as for those on required rotations.	As above - not in the purview of the medical staff rules.
Section 2.6 preamble Island Health has entered into an affiliation agreement with the University of British Columbia that defines the processes for the placement of and responsibilities for training of UBC health- discipline students and Residents within its Facilities and Programs.	Duplicate language from section 1.5 used instead. "All Medical, Midwifery, Dentistry and Nurse Practitioner Students working within a hospital, program or department must be registered through the applicable clinical Faculty at the University of British Columbia, be attending a WHO/FAIMER-recognized medical school, or be attending

Learner categories, undergraduate and post graduate are defined by the College of Physicians and Surgeons of BC (CPSBC) and the BC College of Nurses and Midwives (BCCNM).	a school with which Island Health has an affiliation agreement." This is not required as statements are made about licensing requirements for students through the CPSBC and for the BCCNM it is not a true statement.
2.6.1 Undergraduate Learners 2.6.1.1 Undergraduate learners include Medical Students and Midwifery Students 2.6.2 Medical and Nurse Practitioner Students 2.6.3 Midwifery Students 2.6.4 Postgraduate Learners	Decision was made to combine category of students Undergraduate/Postgraduate designation were not needed categories and made things unclear in how the rules were laid out.
2.6.2.1 "or registration with the BC College of Nursing Professionals (BCCNP)"	This is not a requirement for nurse practitioner students.
2.6.2.6 Students may not discharge, on their own, a patient from a ward in the hospital, from the Emergency Department, or the Outpatient Department. Patients can only be discharged once approval has been given by an attending Medical Staff member, Fellow or Resident.	Duplicate language from 1.5.13.1 (vi) used instead 'Students will not discharge patients without appropriate review by a qualified member of the medical staff.
2.6.2.8 May not sign prescriptions	Students have regulation and legislation that determines they can't do this already. Not in the purview of the MSR
2.6.2.9 May not dictate final versions of discharge summaries or consultation letters	It was determined that there was not rationale for this limitation.
2.6.3.1-2.6.3.6 Midwifery student section	Folded into student section
2.4.6.7 [Residents] are expected to participate in dictation requirements. All dictated notes must contain the supervising or MRP Practitioner's name.	It was determined that there was not rationale for this requirement.
May be allowed to prescribe any medications, including narcotics under supervision. The name of the supervising Practitioner is to be printed on the prescription.	This is under different regulation/legislation not the medical staff rules.
2.6.5.10 [residents] are expected to attend Departmental clinical conferences and rounds regularly.	It was agreed that residents are not members of the medical staff so the MSR is not the place for creating regulations for them.
2.6.6 Fellows 2.6.6.1 Fellow is a post-graduate MD pursuing further clinical or research training in a specialty or sub-specialty. Fellows have successfully met all the requirements for specialist licensure in their home country. 2.6.6.2 A Fellow may participate in Island Health facilities under the following circumstances:	This section is a duplicate of language contained in section 1.5.11. There was no rationale for why this section appears in the education section as well. (Clinical trainees is in section 1.5 as well but is not in the education section)

(i)They are approved by the appropriate Department or Division Head; and (ii)They are recommended by the HAMAC and approved by the Board of Directors. 2.6.6.3Once approved, Fellows: (i)May attend patients under the supervision of a member of the Medical Staff of the Department responsible for their supervision; (ii)May carry out such duties as are assigned to them by the Department Head or delegate to whom they have been assigned; (iii)May not admit patients under their name; and (iv)May not vote at Medical Staff or Department meetings.	
2.6.7.3 All Medical Staff members are expected to participate in teaching as a condition of their appointment.	It was decided to insert a preamble about commitment to supporting learners instead, recognizing that this likely would not be enforced and that some aren't suited to formal teaching.
What has been changed?	
Change	Rationale
Create distinct sections –Residents, Students	Creates clarity, previously combined sections were incomplete in some areas. Articles previously referring to specific student designations (eg. medical, NP) now refer to all students
Section 2.6 Preamble Medical Students and Residents are not members of the Medical Staff as defined in the Bylaws.	Create separate statement for each section, add in Midwifery and Nurse Practitioner Students.
2.6.2 and 2.6.2.1 were combined into one article	A distinct medical and NP student section was eliminated
2.6.2.5 Must ensure that orders are discussed in advance with the supervising Practitioner, Fellow or resident. It is the responsibility of the supervising Practitioner, Fellow or Resident to countersign the orders.	Duplicate language from section 1.5 was used instead "Orders written or electronically entered by students must have been discussed with the supervisor prior to being implemented and must be countersigned at the earliest opportunity, within 24 hours at the latest"
2.6.2.10 [students] Are expected to be on call, but must be directly supervised at all times- was changed to "Students must be supervised at all times when on call"	Students are not members of the medical staff therefore can't be required to be on call. The rules dictate the requirements of the medical staff – which is to supervise students while they are on call. (further definition of supervision is in the section 2.6.7 Medical Staff Preceptors and Supervisors)

2.6.4.1 Residents must have an educational license from the College of Physicians and Surgeons of BC in order to train in Island Health Facilities and Programs. Fellows and Clinical Trainees must have either an educational license or other valid license to practice from the College of Physicians and Surgeons of BC in order to train in Island Health Facilities and Programs.	Resident wording pulled out and kept for resident section. Fellows and Clinical Trainees duplicate language of section 1.5 so not required in this section.
2.6.5.9 [Residents] are expected to be on call. – was changed to "Residents must be supervised at all times when on call."	Same as students rationale above
2.6.7.4 Medical Staff members are not responsible for onboarding or verifying that learners have met all the onboarding requirements as mandated by UBC and Island Health. – Added 'or other affiliate universities' after UBC.	Island Health has learners from affiliated universities in addition to UBC
2.6.7.6 Practitioners involved in teaching activities are responsible for ensuring that all learners are engaging in activities appropriate to their level of training. Learners are not to be placed in situations that may compromise safety. Medical-Staff members must advise patients or their designates when residents or students may be involved in their care and obtain consent for such participation. Was changed to: "Medical Staff members involved in teaching activities are responsible for ensuring that all learners are engaging in activities appropriate to their level of training. Learners are not to be placed in situations that may compromise safety.	Residents or students notify patients of their trainee status. It was determined that there is no rationale for the second half of this article.
What has been added?	
Addition	Rationale
Opening statement about teaching	Article 2.6.7.3 was removed and it was decided a preamble with a value statement about teaching would be more appropriate –recognizing that some members may not undertake formal teaching/preceptoring roles.